CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6	1						56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11							61						
12							62						
13							63						
14							64		✓				
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21		1					71						
22		1					72						
23		1					73						
24		1					74			✓			
25		1					75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						